

APPLICATION FOR REGISTRATION AS SCHOOL AUDIOMETRIST

DO NOT WRITE IN THIS SPACE

Certificate number

Date granted

☐ Accepted☐ Not accepted

Reviewed by

PLEASE PRINT OR TYPE.

Last name	First name	Initial	Birth date
Mailing address	City	State	ZIP code
			Daytime phone

EDUCATIONAL BACKGROUND

Name of College or University	Major	Highest Degree	Year Conferred

APPROVED COURSES COMPLETED IN AUDIOLOGY AND AUDIOMETRY

College or University	Course Number	Course Title(s)	Number of Units	Date Completed

CURRENT STATUS OR EMPLOYMENT**CHECK:**

- ☐ I am employed as a school nurse by _____ district _____ county.
- ☐ I am employed by the _____ health department.
- ☐ I have a California credential in ☐ speech and hearing ☐ education of hard of hearing ☐ education of the deaf
- ☐ I am a student in (area of) _____.
- ☐ Other (specify) _____

FOR DEPARTMENT USE ONLY

Acknowledged

APPLICANT'S SIGNATURE

Date

X

(INSTRUCTIONS ON BACK)

INSTRUCTIONS

Personnel employed to conduct hearing tests in the schools of California, e.g., SCHOOL AUDIOMETRISTS, as defined in Section 44879 of the Education Code, or qualified SUPERVISORS OF HEALTH, pursuant to Sections 49420 and 49452 of the Education Code, shall be REGISTERED AS SCHOOL AUDIOMETRISTS. Training requirements are prescribed by Section 2950, California Code of Regulations.

Applicants for REGISTRATION AS SCHOOL AUDIOMETRISTS shall submit the following:

- Completed Application, PM 101
- Transcript of Record (or official grade cards) verifying satisfactory completion of required training in audiology and audiometry
- A registration fee of \$10

MAIL THIS APPLICATION WITH OFFICIAL TRANSCRIPT OF RECORD (or grade cards) and \$10 REGISTRATION FEE (payable to the California State Department of Health Services) to:

California Department of Health Services
Accounting Section, Cashiers
MS 1101
P.O. Box 942732
Sacramento, CA 94234-7320

Direct any questions to the Hearing Conservation Specialist at (916) 323-8087.